

Reinstatement Application Guide

for a medical radiation technologist who has resigned or
whose certificate has been suspended for failure to pay fees



College of
Medical Radiation
Technologists of
Ontario

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technologues en
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de l'Ontario

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The College of Medical Radiation Technologists of Ontario (CMRTO) welcomes your application for reinstatement of a certificate of registration as a medical radiation and imaging technologist in the specialty of radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography.

You must hold a certificate of registration with the CMRTO in your specialty of medical radiation technology to be legally authorized to practise in your specialty in Ontario.

In order to be eligible for reinstatement of a certificate of registration, you must meet the requirements for registration, set out in the [registration regulation](#) made under the *Medical Radiation Technology Act* (MRT Act).

If it has been over five years since you last practised as a medical radiation technologist in any jurisdiction, you will be required to complete the retraining program approved by the College before you are eligible for reinstatement. Contact registration@cmrto.org to discuss your individual situation and to receive information about the retraining program for your specialty.

The scope of practice of medical radiation technology, as defined under the MRT Act, is the use of ionizing radiation, electromagnetism, soundwaves, and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Further information about the application and registration process, and the forms that your former supervisor/employer will need to complete, can be found in this application guide.

Who can apply

This application process applies to you if you are a former member of the College, and you resigned in writing during the year in which you stopped working, or if you are a former member whose certificate of registration was suspended for failure to pay fees.

If you are planning to reinstate your registration in more than one specialty, you will need to complete a separate online Application for Reinstatement for each specialty for which you are applying.

Reinstatement after suspension for failure to pay fees

To reinstate with the CMRTO following a suspension for failure to pay fees, you must complete an online Application for Reinstatement for each of the specialties in which you wish to reinstate and submit it to the CMRTO with the applicable fees.

To lift the suspension, you must:

- prove that you are competent to practise as a medical radiation technologist in your specialty(ies) in the year in which you wish to resume practice in Ontario.
- pay the applicable fees.
- if you have not been practising for five years, you will be required to complete the retraining program approved by the CMRTO before you are eligible for reinstatement.

To reinstate with the CMRTO following suspension you must pay a penalty equal to the annual fee and a re-registration fee equal to the annual fee prorated by the percentage of the year remaining to your birthday, provided that the prorated amount is no less than 50% of the annual fee and meet the registration requirements of the CMRTO. The fee for reinstatement following suspension will be no less than \$796.65 and no more than \$1,062.20 depending upon your individual circumstances.

Steps and timelines in the application and registration process

Below is an overview of the steps in the process that will be helpful for you as you complete your application.

The first step is to sign in to your online profile in the CMRTO member services, gather the documents you need to support your online application for reinstatement, and complete and submit your application.

For your application to be complete, you are required to complete all steps in the online application process and provide all the required documentation.

CMRTO is not able to start the review process on incomplete applications. If you do not have all the documents when you start your application online, you may begin the application process and return to complete it at a later time. Your application will not be processed until all the information is complete. CMRTO will communicate with you by email only during the application process.

Step	Activity
1	Review the information about the reinstatement process and documents you will be required to provide.
2	Sign in to your member online profile and select Application for Reinstatement from the menu options.
3	Collect all the required documents to support your application. Complete the Legislation Learning Package (jurisprudence course).
4	Complete your application, upload all the required documents and submit your application to CMRTO for assessment.
5	CMRTO will review your application and notify you whether your application is accepted or refused.
6	Complete any remaining requirements to register including payment of the registration fee.
7	CMRTO registers you and issues your certificate of registration. Your name and information will be posted on the public register.
8	Inform your employer that you are legally authorized to practice the profession. Start using the protected title “Medical Radiation Technologist” (MRT) or “Diagnostic Medical Sonographer” (DMS), and review your accountabilities as a regulated professional.

Registration requirements

The registration requirements are set out in the registration regulation made under the MRT Act and can be found [here](#). The application for reinstatement form prompts you to provide all the documents required to demonstrate that you meet the requirements for registration. When you have submitted your complete application for reinstatement, CMRTO will review it and determine whether or not you meet all the requirements for registration as set out in the registration regulation. You can expect the review process to take between one to seven business days.

If you do not meet all the requirements for registration your application will be reviewed by the Registration Committee of the CMRTO, in this case it may take between three to four months to process your application.

When you are ready to start your application sign in to the CMRTO Member & Applicant Portal (MAP) on the website at www.cmrto.org using your existing member profile.

Required documents

You will be prompted to upload the documents listed below:

- Evidence of employment as a medical radiation technologist within the past five years - **Required**
- Name change: if the name you are using is different from your name in the CMRTO register, you must provide proof of a name change – **Required if applicable**

You are not required to submit the original documents to the CMRTO. The CMRTO will contact you if original documents are required for authentication and validation.

Fees

Payment of the registration fee is the final step to become registered, if your application meets all the requirements set out in the registration regulation. The annual fee is \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on your birthday each year. Members who are registered in more than one specialty pay only one annual fee.

Past members may also have a fee credit which can be used at the time of reinstatement, if you resigned before your birthday.

The fees are set by the CMRTO Council in the CMRTO by-laws and are non-refundable.

Member & Applicant Portal (MAP)

To start your online application for reinstatement, sign in to the MAP of the CMRTO website at www.cmrto.org by using the “Sign In” button. You must sign in to the online service with your email address and password. If you have forgotten your password, you can use the forgot password feature. A verification code will be sent to the email address on file with the CMRTO.

It is recommended that you use a computer, with a scanner, to complete your online application for reinstatement rather than a mobile device. It is also recommended that you use Google Chrome as your browser when completing your online application.

You will be prompted to do the following:

- enter your email address and password
- review and accept the Terms and Conditions of use of the site
- select “Application for Reinstatement” option
- review the information and select the specialty in which you wish to reinstate from the dropdown list.

Navigation through the application

- the steps in the application process are all listed on the left-hand side of the page
- click on each step and review and complete the appropriate information
- you can move between steps in the process
- clicking the “Next” button on the bottom of each page will save your responses, and move you to the next step
- you are able to edit the information on the pages until you submit your application
- check marks indicate that you have completed a step
- some steps require you to upload supporting documents
- you may start the process, leave and return at a later time(s) to complete the application
- when you return to update further information, you will access your application form by signing into the online service and accessing the “Manage My Applications” tab
- you must complete all the steps and submit the entire application, before CMRTO is able to review your application to determine if you are eligible for reinstatement

About Me

The “About Me” page will be populated with the information that you previously provided to CMRTO.

If you have changed your name, complete, scan and upload your [proof of a name change](#).

If you use a variation of your name, or a different given name in practice, you must complete, scan and upload your [request to change to your name](#) as it appears in the register of the CMRTO.

Review the information to verify its accuracy, make any necessary changes and click the “Next” button to save the information and move to the next step.

Language fluency

The CMRTO registration regulation requires that applicants be able to speak and write English or French with reasonable fluency.

You will be required to answer the questions below:

1. Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language?
2. Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language?
3. Would you prefer to receive documentation and services from the College in English or French?

Click the “Next” button to save the information and move to the next step.

Registrations in other jurisdictions

You are required to provide information if you are currently registered to practise as a medical radiation technologist and/or a diagnostic medical sonographer, or another healthcare profession in another province in Canada, a USA state or another country.

Click on the “Add Registration” button and provide the information. You can upload a copy of your license or registration card in the space at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

Competent practice

You must provide evidence of having been engaged in competent practice in your specialty within the last five years. You must complete a Certificate Respecting Clinical Practice for each specialty in which you wish to reinstate. Click on the link for a copy of the form(s) that you must complete for your specialty and upload it to the page.

If it has been over five years since you were engaged in competent practice in your specialty, complete the form using the most recent place of employment.

You must sign the Validation of Applicant section of the Certificate Respecting Clinical Practice to state that the information is true, and you must have your last or current direct clinical supervisor sign the Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice. Your direct clinical supervisor should be someone who has supervised your practice on a daily basis – either a medical radiation technologist who practises in your specialty, a radiologist, a cardiologist or a radiation oncologist.

Click the “Next” button to save the information and move to the next step.

Jurisprudence course

You are required to successfully complete a course in jurisprudence set or approved by the College. For this purpose, you must complete the CMRTO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of the profession generally and to the specialty in which you are reinstating.

The jurisprudence course is available at www.cmрто.org under Resources in the [Jurisprudence Course](#) section.

Once you have completed the CMRTO Legislation Learning Package, print, sign, date and complete the Certificate of Completion and upload it to the space provided on the page.

Click the “Next” button to save the information and move to the next step.

Declaration of conduct

The CMRTO registration regulation has a number of requirements regarding the past and present conduct of the applicant. Your past and present conduct must afford reasonable grounds for the belief that you:

1. will practise the profession with decency, honesty and integrity, and in accordance with the law,
2. do not have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner, and
3. will display an appropriate professional attitude.

You will be required to answer the questions in this section by indicating the true answer. Knowingly giving a false answer to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code (Schedule 2 of the *Regulated Health Professions Act, 1991*). Any false or misleading statement, representation or declaration in or in connection with your application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to you by the CMRTO.

If you answer “Yes” to any of the questions, you must provide a detailed explanation in the space provided in the online page and upload all relevant documents in your possession. If you do not have these documents at the time you submit your application online, you will need to email them to registration@cmrto.org. If you answer “No” to any of the questions at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the CMRTO of the change of circumstances.

The questions you are required to answer are as follows:

1. Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession?

An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the *Health Insurance Act* and other federal and provincial laws. You are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which you may have received a pardon.

2. Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession?
3. Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?

4. Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction?
5. Has a finding of professional negligence or malpractice been made against you?
6. Do you have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner?

Note: If you answer “Yes” to question 6, you must provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the CMRTO at registration@cmrto.org a report on your condition or disorder setting out your diagnosis, course of treatment, current health and prognosis. Where appropriate, this report should indicate any accommodation(s) that your physician and/or health professional believes is necessary in order for you to practise in a safe manner.

7. Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs 1, 2 and 3 above)?

Click the “Next” button to save the information and move to the next step.

Review application summary

The next step in the online application process is to review all the information you have provided in your application for reinstatement to check that the information is accurate and that your application is complete. If you need to make any corrections to the information you have provided, or upload any supporting documents, click on the steps on the left. You may wish to take this opportunity to print this page to have a paper record of the information you have provided.

Once you have submitted your application for registration, you cannot change the information you have provided. You can access your completed application in the “Manage my applications” section of your CMRTO profile to view your application.

When you are sure your application is complete, and the information is accurate, click the “Submit” button to submit your application to the CMRTO.

Declarations and signature

You will be required to check all the boxes on the page for the questions below, for the purposes of agreeing to the following declarations. You will also be required to check the box next to your name for the purposes of dating and signing your application for reinstatement.

- I certify that all the information in this application and related documents is true.

- I acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with my application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to me by the College of Medical Radiation Technologists of Ontario.
- I also acknowledge and understand that the College of Medical Radiation Technologists of Ontario collects, uses and discloses personal information about me for regulatory purposes in accordance with the *Regulated Health Professions Act, 1991* and the *Medical Radiation Technology Act, 1991* and for the purposes described in the CMRTO's Privacy Code, including for the purpose of human resource planning and demographic, research and other studies.
- I authorize the College of Medical Radiation Technologists of Ontario to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents and authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application and related documents.

Click the "Submit Application" button to submit your application for reinstatement.

Confirmation of receipt of application

You will receive an email confirming receipt of your application for reinstatement. You will be able to check on the status of your application in the "My Applications" section of the CMRTO online service.

The CMRTO will review your application and determine whether or not you meet all the requirements for reinstatement as set out in the registration regulation. If more information is required, or if your application is referred to the Registration Committee for review, the CMRTO will notify you by email. The review process may take between one to seven business days to complete.

You will receive emails from the CMRTO regarding your application.

Next steps

CMRTO will notify you by email if, and when, you can complete the registration process and pay your registration fee. When you log into the MAP to finalize your registration you will also see a notification on the My Information page. When you complete the registration process CMRTO will register you and your registration status will be updated on the [public register](#) on the CMRTO website. You can then inform your employer that you are legally authorized to practice as a medical radiation technologist and you can start using the protected title "Medical Radiation Technologist" and the abbreviation "MRT" and the appropriate abbreviation for your specialty "MRT(R)," "MRT(N)," "MRT(T)," "MRT(MR)" or "Diagnostic Medical Sonographer" and the abbreviation "DMS".

Appendix A – Certificate respecting clinical competence



Certificate Respecting Clinical Competence

Application for certificate of registration in a specialty of medical radiation technology

To be completed by the applicant. Please complete a form for your most recent or current place of employment. Your employment must have been within the last five years.

Name of Applicant: _____

Name of Employer: _____

To be completed and signed by the applicant and the applicant's clinical supervisor

You must provide evidence of having been engaged in clinical practice in your specialty within the last five years. You must complete a certificate respecting clinical competence for the specialty for which you are applying. You must sign the validation of applicant to state that the information is true, and you must have your last or current direct clinical supervisor sign the validation of clinical supervisor. Your direct supervisor should be someone who has supervised your daily procedures - either a medical radiation technologist who practises in your specialty, or a radiologist or another physician. If it has been over five years since you were engaged in clinical practice in your specialty, contact the CMRTO. If you have never been employed as a medical radiation technologist, please indicate such.

This documentation is used to demonstrate your competence to practise as a medical radiation technologist in your specialty. Complete the list of procedures on the form for the specialty for which you are applying, indicating which procedures you have performed independently during the course of your **most recent or current employment** and the date you last performed those procedures.

When complete, upload this form to the Clinical Competence section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.

Directions for Supervisor

The applicant has applied to the College of Medical Radiation Technologists of Ontario to be registered as a medical radiation technologist in Ontario. The Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice is to be completed and signed by the applicant's last or current clinical supervisor. The clinical supervisor should be someone who has supervised the applicant's practice on a daily basis - either another medical radiation technologist who practises in the applicant's specialty, a radiologist, a cardiologist or a radiation oncologist.

To assist the Registrar of the CMRTO in determining whether the applicant meets the requirements prescribed by the regulations, please review the attached Certificate Respecting Clinical Practice and Validation of Clinical Supervisor. If the statements in the Validation of Clinical Supervisor are true, please complete and sign the Validation of Clinical Supervisor.

Instructions to applicant: When complete, upload this form to the clinical competence section of your online application and include the original in the documents that you send to the CMRTO.

CERTIFICATE RESPECTING CLINICAL PRACTICE – RADIOGRAPHY

List all the radiography procedures you have performed independently in your employment as a medical radiation technologist in the specialty of radiography, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Upper/lower Extremity				
Shoulder Girdle				
Pelvic Girdle				
Vertebral Column				
Chest				
Ribs				
Abdomen				
Skull				
Sinuses				
Facial Bones				
Mandible				
Tomography				
Venography				
Angiography				
Mammography				
Hysterosalpingography				
Arthrography				
Interventional Radiography				
Computed Tomography				
Mobile Radiography/Fluoroscopy				
Intravenous Pyelography				
Voiding cystography				
Cholecystography				
Colon				
Esophagus, stomach & duodenum				
Small bowel				

Other Procedures:

Equipment Quality Control				
Radiation safety				
Infection control procedures				
Administering contrast media by injection				
Insertion of rectal tube				
Digital radiography/PACS				

Validation of applicant:

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature:	Date signed:
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Validation of clinical supervisor:

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent clinical practice in the specialty within the last five years."

Stamp or seal of facility:

Supervisor's signature:	Print name:
Name of facility:	Title of supervisor:
Date signed:	Telephone number of supervisor:

CERTIFICATE RESPECTING CLINICAL PRACTICE – NUCLEAR MEDICINE

List all the nuclear medicine procedures you have performed independently in your employment as a medical radiation technologist in the specialty of nuclear medicine, the frequency each procedure was performed and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Myocardial imaging				
Gated equilibrium				
Cardiac stress testing				
Brain imaging				
CSF/shunt				
Thyroid uptake and scan				
Parathyroid				
Adrenal				
Radioactive iodine therapy				
Liver/spleen				
Hepatobiliary				
GI bleed				
Gastric emptying				
Urea breath test				
Renal imaging				
Renal with pharmacologic intervention				
Ventilation/perfusion lung scan				
3-phase bone imaging				
Total body bone imaging				
Bone mineral densitometry				
Tumor imaging				
Inflammation/infection imaging				
SPECT imaging				

Other Procedures:

Instrumentation quality control				
Radiation safety procedures				
Infection control procedures				
Radiopharmaceutical preparation and quality control				
Administration of radiopharmaceuticals (IV, orally, inhalation)				
Computer processing and analysis				
Non-imaging/benchtop				

List Nuclear Medicine Equipment Used:

Validation of applicant:

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature:

Date:

Validation by supervisor:

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent clinical practice in the specialty within the last five years."

Stamp or seal of facility:

Supervisor's signature:

Print name:

Name of facility:

Title of supervisor:

Date signed:

Telephone number of supervisor:

CERTIFICATE RESPECTING CLINICAL PRACTICE – RADIATION THERAPY

List all the radiation therapy procedures you have performed independently in your employment as a medical radiation technologist in the specialty of radiation therapy, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Treat patients with teletherapy using a variety of techniques:				
Single field – photons				
Parallel opposed pair				
Three field isocentre				
Four field isocentre				
Matching fields				
Extended distance				
Homolateral wedged pair				
Tangential fields				
Craniospinal				
Oblique fields				
Single field – electrons				
Construct Immobilization devices				
Construct shielding blocks (cerrobend)				
Operate Simulators				
Perform dosimetry				
Develop optimal dose distributions				
Perform dose calculations – manually and with computers				
Review Portal Images				
Involvement in brachytherapy procedures				

Other Techniques:

List Radiation Therapy Machines Used:

Other Procedures:

Perform quality assurance procedures				
Infection control procedures				
Administer contrast media by injection				
Tattooing				
Insert internal eyeshields				
Assess and educate the patient on radiation therapy reactions				

Validation of applicant:

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature:	Date signed:
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Validation of clinical supervisor:

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent clinical practice in the specialty within the last five years."

Stamp or seal of facility:

Supervisor's signature:	Print name:
Name of facility:	Title of supervisor:
Date signed:	Telephone number of supervisor:

CERTIFICATE RESPECTING CLINICAL PRACTICE – DIAGNOSTIC MEDICAL SONOGRAPHY

List all the diagnostic medical sonography procedures you have performed independently in your employment as a medical radiation technologist in the specialty of diagnostic medical sonography, the frequency each procedure was performed and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
General				
Obstetrics				
Female pelvis				
Male pelvis				
Abdomen/retroperitoneum				
Chest (excludes cardiac)				
Breast				
Thyroid/neck/parathyroid				
Scrotum/testicles/penis				
Superficial (soft tissue) structures				
Shoulder				
Elbow				
Wrist				
Hand/fingers				
Hip				
Knee				
Ankle				
Foot/toes				
Vascular				
Extracranial arteries (carotid/vertebral/subclavian arteries)				
Upper extremity peripheral veins (for DVT)				
Lower extremity peripheral veins (for DVT)				
Abdominal vasculature (arterial and venous studies)				
Upper extremity (arterial and venous studies)				
Lower extremity (arterial and venous studies)				
Photoplethysmography				
Arterial pressure testing				
Vascular exercise testing				
Cardiac				
Paediatric heart				
Adult heart				
Stress echocardiography				
Other				
Infection control procedures				
Transducer cleaning and reprocessing procedures				
Equipment quality control				
Insertion of transvaginal transducer				
Insertion of transrectal transducer				
Administer contrast media by injection				

Applicant's validation of competence

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated".
 "I give permission to the CMRTO to contact any authority or association in any jurisdiction to verify the above statements"

Applicant's Signature	Date Signed: (dd/mm/yyyy)
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Supervisor's validation of applicant's competence

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent clinical practice in the specialty within the last five years."

Supervisor Name	Supervisor Title
Telephone of Supervisor:	Email of Supervisor:
Supervisor Signature	Date Signed: (dd/mm/yyyy)

Stamp or seal of facility



College of
Medical Radiation
Technologists of
Ontario

Ordre des
technologues en
radiation médicale
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